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(Signature) (Date) APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. RPS920030111US1/ 10/706,232 6403 11/12/2003 Seeta Hariharan 2939P

TITLE OF INVENTION:

METHOD AND SYSTEM OF GENERICALLY MANAGING TABLES FOR NETWORK PROCESSORS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	12/14/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS	12/37/2637	AUDNDAF2 03333335	500383 10703886
SEYE, ABDOU K		2194	719-328000		1440 TE DA 363 E3 PA	
1. Change of correspondence address or indication of "Fee Address" (37  CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been file recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  INTERNATIONAL BUSINESS MACHINES  CORPORATION  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government of the patent of the patent in the patent of the patent is required.  2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents of a substitutely,  (2) the name of a single firm (having as a member a registered attorney or agents. If no name is listed, no name will be printed.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, the document has been file recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  ARMONK, NEW YORK						
Advance Order - #  5. Change in Entity State  a. Applicant claim  NOTE: The Issue Fee and	No small entity discount  of Copies  tus (from status indicated s SMALL ENTITY stated d Publication Fee (if reques	permitted)  d above) us. See 37 CFR 1.27. aired) will not be accepted	overpayment, to Depo	rd. Form PTO-2038 is atta y authorized to charge the sit Account Number 50-	ached. e required fee(s), any defi 0563 (enclose an o	iciency, or credit any extra COPY of this form).
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Authorized Signature /Kelvin M. Vivian/			Date September 25, 2007			
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This collection of information application. Confident	ation is required by 37 C tiality is governed by 35	FR 1.311 . The information U.S.C. 122 and 37 CFR	on is required to obtain or a 1.14. This collection is est	retain a benefit by the put imated to take 12 minute	olic which is to file (and les to complete, including	by the USPTO to process gathering, preparing, an

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